U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number (1 1/3 4 6 7	2. Fiscal Year Covered From:	
1. File Number U - 1/2093		
	1 / [2004] Through: [12 / 3, / 2004]	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name ROBERT WALSH	Name IRON WORKES LOCAL YO	
	Labor Organization File Number 037-089	
P.O. Box, Bldg , Room No., if any 1	P.O. Box, Building and Room Number, if any / St Floor R	
Street 451 PARK AVE South	Street 451 PARIL AVENUE Source	
City New York	City New York	
State NEW YORK ZIP Code + 4 1/00/6	State NEW YORK ZIP Code + 4 /0016	
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu-	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of ion represents or is activaly seeking to represent.	
6. Name and address of Employer (including trade name, if any)	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
City	No. of the Assessment	
State ZIP Code + 4		
Sigr	nature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable panalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Johnson W. Walch	On 8/12/05 212 889-1320	
	Date Telephone Number	

Name of Person Filling ROBERT WALSH	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary via substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or idirectly to, or atherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with	
Name LOCALS 40,361 +417 HEALTH FUND		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any 9 F100R	b. Trust	
P.O. Box, Bldg., Room No., if any (4 - 1700 K	c. Employer	
Street 451 PARK AVENUE SOUTH	j	
Cay NEW YORK	}	
State NEW YOLK ZIP Code + 4 /0016		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	
	512 ANNUAL BUNEFITS CON	TRENCÉ
to the contract of the contrac	11 11/11-11/18/104	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income receive	<u> </u>
State ZIP Code + 4	REGISTRATION, AND HOTEL	loon
	nin-nistor	
	1	
	12.b. Amount.	11955.
C. Received from any employer (other than an employer covered under	er parts A and B above)	
or from any labor relations consultant to an employer any payment of money	14.a. Nature of payment	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		
Name		
Trade Name, if any:] [
- Break and the second		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		# 1
	14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant ?	• •	

Name of Person Filing ROBERT WALSH		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, salling or leasing to, or otherwise dealing with the Existness of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	a. Labor Organizat	tion
10, If 9.b, or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City ZIP Code + 4	11.a. Nature of such dealing the such de	e of such dealing.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name TAX DIRECT CO Murry Subset + 6 Trade Name, if any: P.O. Box, Bidg., Room No., if any 17th Floor Street 855 THRD AVENUE City NEW YORK State NEW YORK ZIP Code +4 10022	14.a. Nature of payment GOLF + LJA	JCH 8/31
13.b, is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$140

Name of Person Filing ROBERT WALSH	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	·}	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bidg., Room No., if any	b. Trust	
Street	c. Employe	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name :		
Trade Name, if any:	; ;	
P.O. Box, Bldg., Room No., if any		
Street		
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment	
(including trade name, if any).	GOLF OUTINGS 6/18, 7/20	
Name Smith Barney		
Trade Name, if any:	DINNER - 6/18	
P.O. Box, Bldg., Room No., if any		
Street 325 COLUMBIA TURNPIKE		
City FlorHam PARK		
State NEW Jaisey ZIP Code + 4 07932		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filling ROBERT WALSH	File Nu	ımber U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	}	
Trade Name, if any:	a, Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:	1	
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such	desting
City	12.a. Nature of interest held or inco	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under	r parts A and B above)	
or from any labor relations consultant to an employer any payment of money	/	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	Golf outing	7/7
Name STUART POYTED, O CONSULTANTS		/7
Trade Name, if any:	DINNER 7	//
P.O. Box, Bldg., Room No., if any SUITE 36	US OPEN TENNIS 71	CKET 8/26
Street 1449 LEXINGTON AVENUE		
CHY NEW YORK		
State NEW YORK ZIP Code +4 /0/28		
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.	F280

Name of Person Filling ROBERT WARSH	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dol'ar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name NAB CONSTRUCTION	GOLF OUTNIG, LUNCH, DINNER 7/14	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 299 BOWERY		
City NEN YORK		
State NEW YORK ZIP Code + 4 10003		
13.b. is the Business an Employer or Consultant 7	14.b. Amount of payment.	

Name of Person Filing ROBERT WALSH		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the Business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with	
Name Trade Name, if any: P.O. Box, Bidg, Room No., if any Street City State ZIP Code + 4	11.b Approximate dollar value 12.a. Nature of interest held	e of such dealing.
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant		
(including trade name, if any). Name Column, O'Harra, Mills Trade Name, if any:	CHRISTMAS (PARTY . 12/11 8/16,7/20 2/15 8/16
P.O. Box, Bldg., Room No., if any SUITE 450 Street 1225 FRANKLIN AVENUE City GARDEN CITY State NEW YORK ZIP Code +4 1/5 30	DINNERS JACKET	7/13
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	t 842-

Name of Person Filling ROBERT WELSH	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values autostantial part of which consists of buying from, setting or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or setting or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (Including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	9. Business deals with
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such dealing. 11.b. Approximate dolla: value of such dealing.
City ZIP Code + 4	12.a. Nature of interes, neld or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name MD SASS INVESTOR SERVICES Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1/85 AVENUE of the AMERICAS City NEW YORK ZIP Code +4 100 36-2699	GOLF OUTING & DINNER 8/25
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filling ROBERT WALSH		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a frust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with.		
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.	
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State ZIP Code + 4	12.a. Nature of interest held	or income received.	
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C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		() (0
Name ARK ASSET MANALENT CO	LUNCH + 2)1	nuer - 3/4	+ 6/3
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street 125 BROAD STREET			
State NEW YORK ZIP Code + 4 / 0004			
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.		\$ 225

Name of Person Filling Lo BERT WILS!	File Number U-
B. Held an interest in or derived income or economic banefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, If any: P.O. Box, Bldg., Room No., if any Street	9. Business deals with: a. Labor Organization b. Trust c. Employer
City ZIP Code + 4	
10, If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	11.a. Nature of such dealing.
Street City ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered under	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money of the state of th	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filling ROBERT WALSH	File Number U	·
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or off of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business actively seeking to represent, or Indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
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Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
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P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing	
City	12.a. Nature of interest held or income rece	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered uncor from any labor relations consultant to an employer any payment of mone		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment	
Name KOCK SKANSKA INC	LUNCHES - 8/9,11	//6
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 400 ROOSEVELT AVENUE		
CHY CARTELET		
State NEW JERSEY ZIP Code + 4 07008		
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.	9125

Name of Person Filling ROBORT WALSH	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, seiling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or seiling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bidg., Room No., if any	c. Employer	
Street		
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	
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Trade Name, if any:	\{ 	
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest field or income received.	
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C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment	
Name SACKS + SCKS LLP	CHETER BOAT TRIP - 8/19	
Trade Name, if any:	DINNER - 2/24	
P.O. Box, Bldg., Room No., if any		
Street 150 BROADWAY		
City NEW YORK		
State NEW YORK ZIP Code + 4 / 10038		
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment	

Name of Person Filling ROBERT WATCH		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, salling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	9. Business deals with: a. Labor Organization b. Trust c. Employer		
Street	11.b. Approximate dollar value 12.a. Nature of interest r eld		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money I3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name AJ MCNULTY + CO. Trede Name, if any: P.O. Box, Bldg., Room No., if any Street 53-30 44 SALECT City MASPETH State NEW YORK ZIP Code +4 1/3-78			
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$ 175	

Name of Person Filling ROBERT WALSH	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, setting or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if arry: P.O. Box, Bldg , Room No if any	11.a. Nature of such dealing.	
Street City State ZIP Code + 4	11.b. Approximate doffar value of such dealing. 12.a. Nature of interest held or income received.	
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or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Lord ABBETT Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 90 MNSO STREET City Jensey City State New Jensey Zip Code + 4 07302-3673	or other thing of value. 14.a. Nature of payment. GOLF OWNICS - 9/23, 10/25 LUNCHES - 9/23, 10/25, 12/2	
13.b. Is the Business an Employer or Consultant 2 ?	14.b. Amount of payment.	

Name of Person Filing ROBERT WATSH		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (Including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing and the such dealing a	e of such dealing.
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C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name FALCON STEEL CO Trade Name, if any: P.O. Box, Bidg., Ruom No., if any Street Box 1527 - 81) South Ma (Ket Street) City WILMINGTON State DRAWARE ZIP Code + 4 17801		15
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.	\$ 50

Name of Person Filling ROBERT WILSH		File Number U-
B. Held an interest in or derived income or economic benefit with monelary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the Susiness of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Grganiza b. Trust c. Employer	klon
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Ccde + 4	11.a. Nature of such dealing the such de	e of such dealing.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name PRODENTIAL TOVESTMENTS.	or other thing of value. 14.a. Nature of payment.	LUNCH, GOLF 10/13
Trade Name, if any: P.O. Box, Bldg., Room No., if any 23 CF Floor Street 630 F1 FTH AVENUE City NEW YORK State NEW YORK ZIP Code +4 10111		
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.	≠ 394.—

Name of Person Filling ROBERT WALSH		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, setting or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Z:P Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: a. Labor Crganizal b. Trust c. Employer		
Name Trade Name, if any: P.O. Box, 8ldg., Room No., if any Street City	11.b. Approximate dollar value 12.a. Nature of interest held	e of such dealing.	
State ZIP Ccde + 4	12.b. Amount.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or other thing of value. 14.a. Nature of payment	12/2	
Name A 2 ARS ASSET N. 65 Trade Name, if any: P.O. Box, Bldg., Room No., if any	LUNCH -		
Street 30 ROCKEFELLER PLAZA City NEW YORK State NEW YORK ZIP Code +4 10020			
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.	\$125-	

Name of Person Filing ROBERT WALSH		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, sedling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street ZIP Code + 4	9. Business deals with:	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City ZIP Code + 4	11.a. Nature of such dealing 11.b. Approximate dollar value 12.a. Nature of interest held	e of such dealing.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name ALLIED BULDING META! - INDUSTRUES Trade Name, if any: P.O. Box, Bldg., Rcom No., if any REFLOOR		UCH 3/	22
Street 211 EAST 43 STREED City NEW YORK State NEW YORK ZIP Code +4 [/00/7] 13.b. is the Business an Employer X or Consultant 7	14.b. Amount of payment.		258-

Name of Person Filling ROBERT WALSH		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the Cusiness of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State Z:P Code + 4		ation	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing the such de	e of such dealing.	
C. Received from any employer (other than an employer covered unde	12.b. Amount		<u> </u>
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name TA AHERN CONTRACTORS COMP Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Y21 EAST 26 STREET City NEW YORK State NEW YORK ZIP Code + 4 / OO1 6	or other thing of value. 14.a. Nature of payment	LUNCH -12/22	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$50-]

Name of Person Fully Robert YVAISh	THE NUMBER U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the posiness of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals w th:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:	1 1	
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde	er parts A and B above)	
or from any labor relations consultant to an employer any payment of money	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	Arrfare, Meals Hote and Local	
Name Iron Wolllors Locals 40+361 Appronticeship & Training had	Airfare, Meals, Hote and Local travel while Attending Apprentice ship and Training Conference - San Francisco	
Trade Name, if any:	8/30/04	
P.O. Box, Bldg., Room No., if any	8/30/04	
Street 35-13 36th Street		
City AStoria		
State New YORK ZIP Code + 4 /// D6		
13.b. is the Business an Employer or Consultant 7	14.b. Amount of payment.	